PTO/SB/08 (08-03)

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PATIENT APPLICATION FEE DETERMINATION RECORD

Application of Doctor Number

Substitute for Form PTO-874 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Calumn 1) (Catumn 2) NUMBER FILED NUMBER EXTRA FOR RATE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 s X S OR X S a INDEPENDENT CLAIMS (37 CFR 1,16(b)) minus 3 X \$ OR MULTIPLE CEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR +1 ()·O TOTAL OR TOTAL " If the difference in ordumn 1 is tase then zero, enter "T" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Cotumn 1) SMALL ENTITY CLAIMS PRESENT RATE REMAINING MUMBER ADDI RATE ADOL TIONAL TIONAL EVIOUSLY EXTRA AFTER MENDMENT PAID FOR Total Minus 200 (27 CFR 1.10(d) X 8 OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Catumn 2) (Column 3) CLAIMS HIGHEST PRESENT RATE RATE ADDI ADDI REMAINING NI IMPER |61 TIONAL PREVIOUSLY EXTRA TIONAL AFTER AMENDMENT PAID FOR FEE: Minus 20 x 250 a ENDR (D) OFR 1.15(d) X S 0 OR Minus x =200 -X 8 OR .36 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 10 (Column 1) (Catumn 2) (Calumn 3) CLAIMS HIGHEST PRESENT RATE RATE ADDI-ADD1-REMAINING NUMBER AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL PAID FOR FEE FEE Minus Total SAM (D) CFR 1.10(d) X 9 **OR** Indopondani (27 OFR 1.1053) OR FIRST PRESENTATION OF SOULTIPLE CEPENDENT CLAIM (37 CFR 1.1860) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

This colocion of Information is required by 37 CFR 1.18. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 33 U.S.C. 122 and 37 CFR 1.14. This colocion is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trectomark Office, U.S. Operation of Commission P.D. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTQ-9199 and select option 2.

